808/34

File No. 808/34

Collection No.

19 .

THE MYSORE RESIDENCY,

BANGALORE.

30/6/67

Pros. Serial Nos. 1-3-1

Subject.

RECONSTRUCTION OF THE BOWRING AND LADY CURZON HOSPITALS.

Previous References.

Indexed

Later References.

F. No. 731 of 36.

RF 190/41.

Retrocession file 26/1932 (5/a)

(R) B/x S.N.I. ~~P.U.C~~

Confidential letter No.54/R-B/34 dated the 24th April 1934 from the Residency Surgeon, Bangalore.

× (L) Commencing from page 10

(1) In his report on Retrocession as well as in his present letter, the Residency Surgeon emphasises the urgent need of reconstructing the Bowring and Lady Curzon Hospital buildings to suit modern conditions of hospital treatment - a reform which he considers is long overdue - and suggests that the work be undertaken before retrocession and the cost met from the accumulated share of the surplus revenues of the Assigned Tract. Such reconstruction, he points out, could be rapidly and cheaply effected by the utilisation of existing material such as tiles, sanitary fittings, etc., on the present site, retaining the existing modern features such as kitchens, nurses' home, etc., and without serious dislocation of the work of the institution. The Executive Engineer, it is stated, has estimated that the maximum amount required would be 3½ lakhs and that it could probably be done for less.

(2.) In the event of partial retrocession, these hospitals would either be retained in the New Cantonment or handed over to the Durbar with sufficient safeguards for their efficient administration by the Durbar. The Residency Surgeon strongly supports their retention. In either case, he suggests that the cost of their maintenance be met by the retained and

× Page 2/6 of (L)

retroceded

retroceded areas on a population basis, which would roughly be in the ratio of 1: 2 . Reconstruction of the hospital buildings, according to the Residency Surgeon, is a pressing necessity and will have to be undertaken irrespective of retrocession, if they are to be maintained in a state of efficiency. It is also pointed out that the reconstruction of the existing buildings will be cheaper than constructing an up to date hospital in the new Cantonment sufficient to accommodate its civil population. After retrocession, the Residency Surgeon fears that neither the Durbar nor the new Cantonment authorities will be willing, in view of their new financial commitments consequent on retrocession and various other considerations, to undertake the reconstruction of the hospitals or even to pay a pro rata share of the cost of such reconstruction. He therefore considers that the present is the time to undertake this overdue reconstruction, while the accumulated surplus remains at our disposal.

3. This takes us to the question of the disposal of the accumulated balance of the Assigned Tract revenues in the event of retrocession. Perhaps, an equitable solution will be to share it between the retained and retroceded areas on an agreed proportion, the share of the former being retained for an opening balance for the new Cantonment and that of the latter

S.N.1 × Page 5 of ~~paper~~

Pages 11 & 12 of (L)

latter being handed over to the Durbar on expenditure exclusively on the retroceded area.

4. The position of this surplus is that we have, of late, been making heavy inroads in it; and it is therefore diminishing year by year. The following table shows approximately how much will remain out of the surplus at the end of 1934-35 and 1935-36, respectively:-

1934-35.

	Rs.
Opening Balance on 1-4-1934.	6,00,000*
Add Station share of the surplus for 1934-35 based on ten years average. .. .. Rs. 1,35,000 ø	
Less anticipated expenditure during 1934-35 (Rs. 13,20,000) ≠ minus normal average annual expenditure (Rs. 12,63,000) ⊛ on which the surplus is based. .. Rs. 57,000	78,000
	6,78,000
Deduct Water supply grant during 1934-35.	1,50,000
Closing Balance on 31-3-1935.	5,28,000

1935-36.

Opening Balance on 1-4-1935.	5,28,000
Add Station share of the surplus for 1935-36, calculated as above.	78,000
	6,06,000
Deduct anticipated expenditure from surplus during 1935-36:	
(i) Water supply grant. Rs. 1,00,000*	
(ii) Sewerage Scheme. Rs. 85,000	
(iii) Sewage Disposal Plant. Rs. 1,50,000	3,35,000
Closing Balance on 31-3-1936.	2,71,000

* As per 1934-35 Budget (Not published).

ø Vide Statement attached to S.N. 1 (K) 211A-17

≠ Para 2 of do (K)

⊛ Vide Statement attached to do (K)

*We have told the Commn. that this would not be paid as a matter of course, but the Commn. are sure to press for it.

It

(5.) It will be seen from the above approximate figures that our surplus (Rs.2,71,000) will be insufficient to meet the proposed expenditure ~~of~~ (Rs.3,50,000). Even if it should be possible to reduce the cost of reconstruction to the actual balance available, i.e., about a little over Rs.2½ lakhs, we will have no "reserve" or "working balance" left, which means that the new Cantonment will be deprived of an opening balance and the retroceded area of any surplus to start with.

**The normal reserve is 1½ lakhs and working balance half a lakh.

(6.) It is therefore for consideration whether we can at the present juncture embark upon the proposed hospital reconstruction scheme involving as it does an estimated expenditure of about 3½ lakhs, which will not only completely wipe out our reserve but will leave us in a fairly big deficit. It cannot be said now what unforeseen financial liabilities the Station will have to incur in the event of retrocession.

For orders.

(From para 1)

Secretary.

K. Nayar
2-6-34.

M.N.
5.6.34

7. I think that this question should be considered on its merits and decided quite independently of the question of retrocession. If it can be shown to our satisfaction that the work is one of real and urgent necessity, it should be carried out at once, provided that the necessary funds can be made available. The only extent to which the question of retrocession need come into the picture at all is that, if we reach the conclusion that it is desirable and financially possible to carry out the work, we might inform the Nyasa Govt of our intentions and give them an opportunity of making any comment they wished probably. We only too glad to see the work put in hand — and, if possible, completed — before retrocession takes place.

8 As to the necessity for the work,

the Residency Surgeon is an expert adviser. Both Colonel McPherson and Colonel Hance have given the opinion that the work is urgently necessary and should be commenced without delay.

9 As regards finance, it appears that although we might not be able to carry out the whole work immediately, we should at least be able to find funds for reconstruction of, say, one half of the hospitals at once. If we could do that, it would be a start; and the remaining half might be reconstructed after a short interval of time.

10 I think that we may authorise Residency Surgeon to call for plans and estimates. We may explain to him that these should, if possible, be prepared in such a way that the work could be sanctioned and carried out in two or

more instalments, in case funds are not available for carrying out the whole scheme of reconstruction as one single work.

Clow

11.8.34

Rejd.

11 I am of the opinion that we cannot consider this proposal at the moment. Other resources are limited; other important & costly schemes are in contemplation. We shall have a little later on, to decide the order of their importance & the question of financing them.

15/8/34

Clow
16/8

12 Perhaps no reply need be sent to the Residency Surgeon until the question is finally decided; unless he writes again in the meanwhile.

16-8-34.

16.8.34

Secy

13 We must give Residency Surgeon an answer as he is expecting one. He may go later Thro' Resd^y is unable to consider the scheme yet or to authorise him to call for plans and estimates at the present time. ~~The~~ Our resources are limited: the important and costly schemes, viz: Thro' Sewage Disposal, are under consideration; and if put into operation, will have to be financed from the A.T. Surplus; and we must wait and see what the cost of these schemes is likely to be.

Elgee

28-8-34

14 Draft submitted for approval.

Secretary. 3.9.34

Elgee

4.9.34

Issued. + S.N.2.

(B)

(P.2.C).

D.No.8285. S.N.3.

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15 A reply has been sent to the Residency Surgeon - vide S.N.2. P.U.C. may be filed.

× 2 (B)

10.9.34

Secretary.

16. I understand that Resdt has now agreed that Residency Surgeon call for plans and estimates, on the understanding that this in itself does not imply any general approval of the scheme for inclusion in the Budget estimates for any particular year. When conveying this permission we might also communicate the suggestion made in para. 10 of notes?

11.9.34

Resdt 17.

YES, this is correct. The R.S. spoke to me about this matter when he was in Ootacamund recently & I told him that I was wrong in not letting him submit plans & estimates now.

My provisional opinion is that (1) the underground sewerage scheme, & (2) sewage disposal scheme should have precedence over (3) the hospital reconstruction scheme.

No. (1) was approved in principle some 13 years ago but very little headway has been made for various reasons, i.e., shortage of money, shortage of

water se. The cost of the portion of the scheme still to be completed is about 3 or 4 lakhs I believe — I write from memory.

No (2) Sir W. Barton considers should be treated as an integral part of No 1; & I agree with him. He was also of the opinion that it should be one of the first works to be carried out. I do not know what it is going to cost but I believe it will be about Rs 3 1/2 lakhs. Incidentally, I should be glad if the submission of this scheme could be expedited. It has been suggested that the Comm^n might finance this scheme by means of a loan.

If these 3 schemes are to be financed out of a common pool, i.e., the Station's share of the surplus revenue, then I consider that No 1 & 2 should be carried to completion before No 3 is taken up. And the possibility of retrocession cannot be left out of account. Retrocession would make it even more important that these long-delayed & highly important schemes should be carried to completion with as little delay as possible.

I do not doubt that the hospitals need to be improved. But they are pretty good ones & the scheme for their improvement has been put forward 13 years after the other two schemes were approved in principle. I don't think much harm will result if that scheme is held up for 2 or 3 years. We may take action as proposed in para 16 (a).

18 Draft submitted for approval.

25-9-34

(From [illegible])

Secretary (Camp).

From Ebne

23.9.34.

Issued S. W. 4 Record

S N-1

CONFIDENTIAL

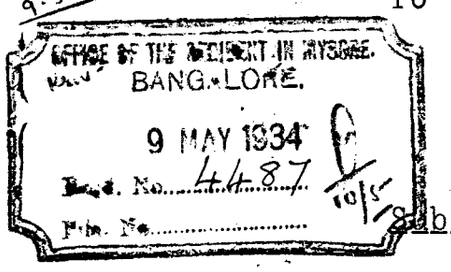
No.54/R-B/34. Office of the Residency Surgeon,
Bowring Civil Hospital,
Bangalore, Dated 24th April '34.

S-N

From

Lt.-Col., J.B. Hance, O.B.E.,
M.A., M.D., F.R.C.S.E., I.M.S.,
Residency Surgeon,
Bangalore.

Rec'd from C.A.
A
9-5-34



To

The Secretary
to the Hon'ble the Resident
in Mysore,
Bangalore.

Subject: Reconstruction of Hospital Buildings on a concentrated plan.

Sir,

(L)

I have the honour to refer you to my Confidential note dated the 6th January 1934 on the contemplated retrocession of the Civil and Military Station to the Mysore Durbar, and more particularly to the concluding portion dealing with the structure and lay-out of the Bowring and Lady Curzon Hospitals, which I have the honour here, briefly, to summarise:—

The Bowring Hospital was built in 1868 on the model of the Lariboisière Hospital in Paris, an institution which is famous, but is not even now (and was still less so in 1868) a model of hospital planning. The Lady Curzon Hospital was built in 1900, also on the "small wards" or "pavilion" system, borrowed from the Bowring. This system dates from the pre-antiseptic and the early antiseptic days of the 19th Century when "hospital fever" was prevalent and was only limited by keeping cases as widely separate as possible.

2. With the development of modern methods it has been recognized that treatment, nursing

and administration demand the concentration of patients into larger wards. The size of the ward unit that has been found to be most economical and practical is from 20 to 24 beds, and these, concentrated in a building of two or more storeys, have proved economical of space, of labour, of nursing and of risk to patients from exposure. Conversely, the pavilion type is wasteful of space, and of labour, involves either a much larger nursing staff, or subjects the patients to risks of accident in serious or emergent cases, or from exposure. In this connection I have the honour to attach extracts from a letter from the Nursing Superintendent to my address, which are self-explanatory; but I may be permitted to add here that experience during the last 4 months has provided unfortunate examples of difficulties of the present building.

3. In the Bowring Civil Hospital during the main morning hospital hours there are on duty 5 nurses, during the evening hours 3, and at night 2. These nurses are responsible for the supervision of patients in 7 ten-bedded wards and three private rooms. They are also responsible for attendence on emergency cases in the Emergency Room. It is evident that where more than two serious cases which demand constant supervision occur in different wards, as not infrequently happens, it is impossible for adequate supervision to be ensured to these cases at night, almost equally impossible in the afternoon and very difficult during the working hours of the hospital.

4. If it be realised, in addition, that it has not yet been possible to install even hot and cold water in the wards, and that it is necessary to transport patients from 300 to 400 yards along corridors open to wind and weather from certain wards to operation or X-ray examination, it would appear unnecessary further to emphasise the urgent need of a reconstruction of these buildings.

5. Such reconstruction, by the utilisation of existing materials such as tiles, sanitary fittings etc., could be rapidly and cheaply effected on the present site, retaining the existing modern features of the hospitals such as kitchens, nurses' home etc. It could also be effected without serious dislocation of the work of the institution.

6. Another important aspect of the question is that the limit of accommodation within the hospital compound has been reached; and not only is further expansion impossible, but at the moment the accommodation is inadequate in respect of the staff, more especially of the menials. The quarters of the latter personnel are congested, overcrowded and insanitary, and are totally inadequate for their numbers. As a result many menials are forced to live outside in the Bazaar, which prevents adequate supervision, and renders it impossible to control the introduction into the hospital compound of infectious diseases and other undesirable elements. The reconstruction and concentration of the hospital buildings would leave space that is urgently needed for the ex-

accommodation of the menial staff, compounders and others, and would greatly add to the efficiency of the institution.

7. The Executive Engineer informs me that in his opinion the outside figure required would be Rs.3,50,000 and that it could probably be done for less. This sum is at least two lakhs of rupees cheaper than that which would be required to construct, in any proposed new Cantonement, a hospital sufficient to accommodate its civil population, exclusive of equipment which would have to be purchased 'de novo' for such an institution but which is already possessed by the present Civil Hospital.

8. Attention is invited to my remarks in my note under reference to the situation which would arise in connection with reconstruction in the event of these hospitals being handed over to the State, and to the improbability of the new Canton-ment, if any, being in a condition to face either construction of their own hospital, or reconstruction of these.

(L)
(Page 10 onwards)

9. Moreover the demands on these hospitals are increasing steadily, and it is a daily experience to turn away patients on account of lack of accommodation. I see no possibility of these demands decreasing; and it therefore appears to me all the more urgent to undertake reconstruction which would permit the accommodation of a larger number of patients in a more concentrated building with relatively little increase in the cost of administration, nursing, or treatment.

10. In my note under reference I have submitted that the present is a fitting time to undertake this overdue reconstruction (as was emphasised to me, when handing over, by my predecessor) while the accumulated surplus remains at our disposal. I would further submit that such reconstruction is in consonance with the conditions laid down by the Political Secretary's Confidential letter No.1541-A dated the 7th of January 1925, that the efficient maintenance of the Public Services of the Assigned Tract is the first and paramount claim upon its Revenues. It is now possible by utilising the existing material and equipment to obtain an up-to-date, modern, efficient and economical hospital at a minimum cost, which will assure, as far as such things can assure, for very many years to come that the population of the Civil and Military Station receive medical facilities which are consonant with modern practice, in keeping with the traditions built up with so much devotion and ability in Bangalore and the equal of any provided in India.

× S.N.135 (A) 211-1917

11. In my note I have dealt with the subject in terms of a contemplated retrocession. But I consider that the question should not be considered as dependent on such retrocession, but decided on its merits, irrespective of such political contingencies, an opinion which has been strengthened by the experience of recent months. Reconstruction is long overdue, and with the increasing claims upon the institution

the difficulties and risks of the present type of building are daily increasing.

12. I have, therefore, the honour to request that the Hon'ble the Resident will be good enough to empower me to call for plans and estimates for such reconstruction from the Executive Engineer for his approval.

I have the honour to be,

Sir,

Your most obedient servant,

Lt.-Col., I. M. S.,
Residency Surgeon.

encl: 1)
ksv/24-4)

E x t r a c t s from letter dated 1st January 1934 from the Nursing Superintendent, Bowring & Lady Curzon Hospitals, Bangalore, to the Residency Surgeon, Bangalore.

It will be impossible to manage with the present number of nurses.

I understand that you are putting up a proposition to the Hon'ble the Resident for a new Hospital. I think that this would solve many of our Nursing problems. At the present time our greatest difficulty is in trying to spread a small staff over a very scattered hospital. This does not afford sufficient supervision, more so at night, when there are two nurses in charge of 73 beds, which are divided up into 7 small wards containing 10 beds each, and three Private Rooms, which are such a distance from the General Wards that anything might happen before the nurse was able to get there. At the time of writing, I would like to point out, in the Bowring Hospital in one ward are 10 pneumonia cases, some in a very critical condition, these two night nurses must cope with these really very important cases plus their own work. I do not see how this can be done when pneumonia cases need constant attention and care, and a satisfactory progress can only be reached through good nursing.

Similar conditions obtain in the Lady Curzon Hospital, especially in the Indian Section for Women and Children which is divided up into

several small wards, each ward invariably containing two or three very bad cases who need constant attention. There is only <u>one</u> night nurse and she cannot possibly be in all the wards at the same time. If instead of these several small wards there were large ones containing 20 to 24 beds, the nursing would be made much easier and we would have higher standard of efficiency.

The long open corridors running through the Hospital connecting the various wards are an absolute necessity in a building of this description but nevertheless are a death-trap for patients returning from the Operation Theatre after an anaesthetic; and perhaps a point which does not seem so important but is, is the great difficulty in serving patients with hot food. Furthermore they are all built at different levels which is very dangerous for the moving of important operation and severe accident cases.

True Copy

Lt.-Col., I.M.S.,
Residency Surgeon.

ksv/24-4)

SW-2

9

Issued MS 8/9/34

DEPARTMENT.

BRANCH.

File No:

Serial No

Confidential

Draft Letter / Memorandum / Telegram

No. 808/34 Dated 8/9/ 1934

R.O. II.

Class for telegrams: Ordinary / Express / Urgent* / Priority / Clear Line† — *Only for Foreign Telegrams. †Not for Foreign Telegrams.

To be issued on	Issued on
1st Reminder	
2nd Reminder	
3rd Reminder	

Heading :

Case or Diary No.

If post copy of telegram required

Date of despatch of above

List of enclosures

(Code word for telegrams.)

To

The Residency Surgeon,
B a n g a l o r e.

Reconstruction of the Bowring and Lady Curzon Hospitals.

Sir,

With reference to your letter No.54/R-B/34, dated the 24th April 1934, regarding the reconstruction of the Bowring and Lady Curzon Hospitals, I am directed to say that the resources of the Mysore Assigned Tract available for the financing of capital schemes are limited; that and there are already under consideration certain other important and costly schemes, like that for the disposal of sewage, which, if put into operation, will have to be financed

I.G.I.F.C.—S1—207 (GPS) D&P—(M-288)—27-4-33—50,000 Pads.

10

financed from the Assigned Tract surplus and that it is necessary to wait and see what their cost is likely to be before fresh schemes can be entertained. The Hon'ble the Resident regrets therefore that he is unable at present to consider your proposal for the reconstruction of the ~~Boarding and Lady Curzon~~ Hospitals or to authorise you to call for plans and estimates for ~~the same~~ this work.

I have etc.,

4/9.

SECRETARY TO THE RESIDENT.

3-IX-34

CONFIDENTIAL.

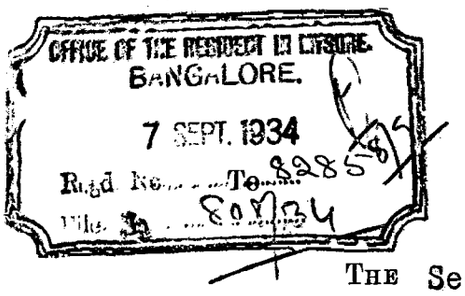
No. 121 /R-19/3-B/34.

RESIDENCY SURGEON'S OFFICE,
BOWRING CIVIL HOSPITAL.
Bangalore, 6th September 1934.

S.N.3

FROM

Lt.-Col., J.B. Hance, O.B.E., M.A.,
M.D.(Cantab.), F.R.C.S.E., I.M.S.,
RESIDENCY SURGEON.
BANGALORE.



THE Secretary
to the Hon'ble the Resident
in Mysore,
BANGALORE.

Subject:—

Reconstruction of Bowring & Lady Curzon Hospitals.

SIR,

S.N.1 (B)

I have the honour to invite attention to my letter No.54/R-B/34 dated the 24th of April 1934 and to request the favour of orders as to whether I may call upon the Executive Engineer for plans and estimates for the proposed reconstruction of these hospitals.

Further experience of these 4 months has served to confirm my already strong impression of the desirability of their reconstruction. Not only are the difficulties noted in my letter under reference cumulative but the increasing demand upon the hospitals necessitates daily the turning away of cases for lack of accommodation, who should otherwise be admitted, resulting in dissatisfaction and, in an appreciable number of cases, real hardship. It is not to be anticipated that the demand on these hospitals will decrease since the area they serve is rapidly increasing in population. The proposed reconstruction will enable the accommodation to be sufficiently increased and the increased efficiency of nursing and medical attendance involved would enable cases to be more rapidly disposed of than is at present the case.

I would point out that similar experience in Madras has dictated a radical reconstruction of the General Hospital for the same reasons as I am now advancing in the case of the Bowring and Lady Curzon Hospitals. As time passes the population of India, especially of South India, become more hospital-minded with a resultant increase in the claims upon hospital attention. As a consequence of this, reconstruction and concentration of many hospitals whose lay-out was originally sufficient to meet the calls upon them has become a necessity, and in the case of the Bowring and Lady Curzon this necessity is acutely felt.

At least six months is required in the preparation of plans and estimates if the latter are to receive the consideration which is due to a project of this nature and to be considered as accurate forecasts of the expenditure involved.

I have the honour, therefore, to reiterate my request that the Hon'ble the Resident will be pleased to empower me to call for plans and estimates in order that the scheme may be included in the Budget for new works for the financial year 1935-36.

I have the honour to be,

Sir,

Your most obedient servant,

Lt.-Col., I. M. S.,
Residency Surgeon.

ksv/6-ix)

S.N.4

12

DEPARTMENT.

File No.

Issued. 11/9/34

BRANCH.

Serial No.

CONFIDENTIAL.

Draft Letter / Memorandum / Telegram

Class for telegrams — Ordinary / Express / Urgent* / Priority / Clear Line† — *Only for Foreign Telegrams. †Not for Foreign Telegrams.

To be issued on | Issued on

1st Reminder

2nd Reminder

3rd Reminder

Heading :

Case or Diary No.

If post copy of telegram required

Date of despatch of above

List of enclosures

(Code word for telegrams.)

S.N.3 ~~A.U.C.~~ (B)

S.N.2 (B)

No. F.808/34 Dated 25th Sept 1934
R.O.II

From

The Secretary to the Resident.

To

The Residency Surgeon,

Bangalore.

Subject:- Reconstruction of Bowring and Lady Curzon Hospitals, Bangalore.

Sir,

I am directed to acknowledge the receipt of your Confidential letter No.121 /R-19/3-B/34, dated the 6th September 1934, and to say that in supersession of the orders contained in my letter No.808-34/R.O.II, dated the 8th September 1934, the Hon'ble the Resident is pleased to authorise you to call for plans and estimates for the reconstruction of the Bowring and Lady Curzon Hospitals, Bangalore, on the understanding that this in itself does not imply any general approval

S. 6.

MGIPC—S1—207 (CPS) DCF—(M 260)—27-4 32—60,000 Pads.

approval of the scheme for inclusion in the budget estimates of any particular year. 2. I am to suggest that the plans and estimates should, if possible, be prepared in such a way that the work could be sanctioned and carried out in two or more instalments, in case funds are not available for carrying out the whole scheme of reconstruction as one single work.

I have etc.,

23/9

SECRETARY TO THE RESIDENT.

22-9-34